

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044622

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 177/181

Primary Registration District No. 5677

Registrar's No. 95

STATE FILE NUMBER

VS 300
Rev. 4/59

1/5-70
2/570

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12/40-3

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USE BLACK INK
OR
TYPEWRITER RIBBON

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Silex		Length of stay in 1b Life	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 miles East Silex		d. STREET ADDRESS (If outside, give location) 3 miles East Silex	
3. NAME OF DECEASED (Type or print) First John Middle Bankett Last Fry		4. DATE OF DEATH Month Nov. Day 28 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 7-19-17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and state or country) Whiteside, Mo.		12. CITIZEN OF WHAT COUNTRY US	
13a. FATHER'S NAME Archie Fry		13b. MOTHER'S MAIDEN NAME Jessie Robinson	
14. NAME OF HUSBAND OR WIFE none		17. INFORMANT Archie Fry Silex, Missouri	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW II		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ s.m. _____ p.m. _____ Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joseph Marshall (Degree or title) Coroner of Lincoln Co.		22b. ADDRESS Gray, Mo.	
22c. DATE SIGNED 12/4/63 (State)		23d. LOCATION (City, town, or county) Silex, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-1-63	
23c. NAME OF CEMETERY OR CREMATORY Auburn Cemetery		23d. LOCATION (City, town, or county) Silex, Missouri	
24. FUNERAL DIRECTOR J. O. Mudd ADDRESS Bowling Green, Mo.		25. DATE RECD. BY LOCAL REG. 12/4/63	
26. REGISTRAR'S SIGNATURE Ray T. Keasel		26. REGISTRAR'S SIGNATURE M.S. K.	

(Licensed Embalmer's Statement on Reverse Side)

DEC 18 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James C. Wadd

Licensed Embalmer No. 4152

P. O. Address Beverly Texon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.